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Facsimile Cover Sheet

To: Hon. Commissioner for Patents, TC2100	From: Craig S. Fischer
Fax: (703) 872-9306	Pages: 18 (inclusive)
Re: Serial No.: 09/461,900 Filed: December 15, 1999 Attorney Docket No: MCS-116-99	Date: December 10, 2003

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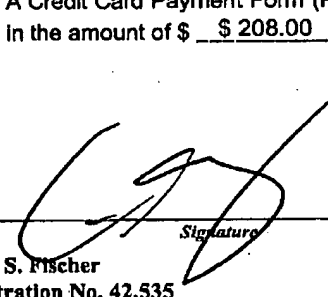
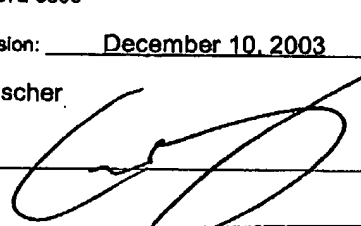
Typed or printed name of person signing Certificate

This correspondence includes the following attached papers:

1. Facsimile Cover Sheet including Certificate of Transmission under 37 C.F.R. § 1.8 (1 page);
2. Amendment Transmittal Letter (1 page);
3. Amendment under 37 C.F.R. § 1.111 (15 pages)
4. Credit Card Payment Form (1 page for additional claims fee).

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TRANSMITTAL LETTER (Large Entity)				Docket No. MCS-116-99	
Applicant(s): NACE et al.					
Serial No. 09/461,900	Filing Date December 15, 1999	Examiner W.D. Thomson		Group Art Unit 2123	
Invention: SERVER RECORDING AND CLIENT PLAYBACK OF COMPUTER NETWORK CHARACTERISTICS					
<u>TO THE HON. COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	40 -	38 -	2 x	\$18.00	\$ 36.00
INDEP. CLAIMS	6 -	4 -	2 x	\$86.00	\$172.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$208.00
<input type="checkbox"/> No additional fee is required. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> A Credit Card Payment Form (PTO-2038) for payment for <u>additional claims fee</u> in the amount of \$ <u>\$ 208.00</u> is attached.					
 _____ Signature			Dated: December 10, 2003		
Craig S. Fischer Registration No. 42,535 LYON & HARR, L.L.P. 300 East Esplanade Drive Suite 800 Oxnard, CA 93036-1274 TEL: (805) 278-8855 FAX: (805) 278-8064			CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 C.F.R. § 1.8 I hereby certify that this paper and every paper referred to therein as being enclosed is being facsimile transmitted to the Hon. Commissioner for Patents, P.O. Box 140, Alexandria, VA 22313-1450, TC2100 at (703) 872-9306 Date of Transmission: <u>December 10, 2003</u> By: Craig S. Fischer Signature: 		

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